STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375502	A. Building B. Wing	11/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Manor	3804 North Barr Ave Oklahoma City, OK 73122

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. Based on record review and interview, the facility failed to ensure residents or their representatives:Understood what an arbitration agreement was;Understood their right not to sign the agreement as a condition of admission, or as a requirement to continue to receive care at the facility; andWere explicitly granted the right to rescind the agreement within 30 calendar days of signing the document for 8 (#1, 2, 27, 38, 39, 42, 45, and #51) of 8 sampled residents reviewed for arbitration agreements.The administrator identified 51 residents resided in the facility.The social services director stated all 51 residents had entered into a binding arbitration agreement.Findings:On 09/30/25 at 12:15 p.m., the social services director was observed using Docusign to click through the sections of the admission agreement. Hitting the enter button would sign each section and move to the next, thereby agreeing to everything inside of the admission packet. The arbitration agreement was part of the admission packet and was agreed to upon admission for everyone admitted to the facility.An undated, Dispute Resolution Plan contained within the Admissions Agreement: Manor, read in part, It is hereby agreed and understood that any dispute, difference, and/or disagreement of any kind whatsoever, whether statutory or contractual, which arises from the services and/or products provided or relating in any way to the general business relationship of the parties to this agreement, shall be, as the sole available remedy, resolved through mandatory mediation and/or binding arbitration, rather than litigation. The parties agree and acknowledge that the business relationship involves interstate commerce and that any such mediation or arbitration shall be governed by the Federal Arbitration Act (FAA) and conducted in accordance with the Rules of Mediation and Arbitration as then in effect and administered by Dispute Solutions, Inc.On 09/30/25 at 1:15 p.m., during the resident council meeting, Residents #27, 38, 39, 45, and #51 stated they did not know what an arbitration agreement was or remember signing an agreement.On 10/01/25 at 1215 p.m., the social services director stated they went through each area of the admission packet separately, and they have not had a problem with people agreeing to sign the arbitration agreement.On 10/01/25 at 12:28 p.m., Resident #2 stated they did not know what an arbitration agreement was or remember signing one.On 10/01/25 at 12:28 p.m., Resident #33 stated they did not sign none of that stuff.On 10/01/25 at 12:29 p.m., Resident #3 denied signing an arbitration agreement. Resident #1 stated they did know what an arbitration agreement was but were unaware that not signing it would not affect their care or admission. On 10/01/25 at 12:30 p.m., Resident #51 did not remember signing the agreement.On 10/02/25 at 10:19 a.m., the DON and ADON were asked why all the residents agreed to give up their rights when they did not need to do that to receive care. The ADON stated Odds are, it doesn't sound like they all understood, but I wasn't there.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide a neutral and fair arbitration process and agree to arbitrator and venue. Based on record review and interview, the facility failed to ensure the arbitration agreement provided:the selection of a neutral arbitrator agreed upon by both parties; andfor the selection of a venue that is convenient to both parties.The administrator identified 51 residents resided in the facility.The social services director stated all 51 residents had entered into a binding arbitration agreement.Findings:An undated Dispute Resolution Plan, contained within the Admissions Agreement: Manor, read in part, The parties agree and acknowledge that the business relationship involves interstate commerce and that any such mediation or arbitration shall be governed by the Federal Arbitration Act (FAA) and conducted in accordance with the Rules of Mediation and Arbitration as then in effect and administered by Dispute Solutions, Inc.On 10/01/25 at 12:15 p.m., the social services director stated they went through each area of the admission packet separately, and they have not had a problem with people agreeing to sign the arbitration agreement.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete the advance directive acknowledgement for 3 (#1, 2, and #42) of 13 sampled residents reviewed for advance directive acknowledgements.The administrator identified 51 residents resided in the facility.Findings:An Advance Directive policy, revised 2016, read in part, Prior to or upon admission of a resident, the social services director or designee will inquire of the resident, his/her representative, about the existence of any written advance directives. Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record. If the resident indicates that he or she has not established advance directives, the facility staff will offer assistance in establishing advance directives.An Advance Directive Acknowledgement form, read in part, Please check ONE of the following statements:ˆ I HAVE executed and Advance Directive.ˆ I HAVE NOT executed an Advance Directive.Resident #1's Advance Directive Acknowledgement was docusigned on 09/17/25, but the question as to whether they had or had not executed an advance directive was not marked. Resident #1 was admitted on [DATE] and the admission assessment, dated 08/15/25, showed a BIMS score of 15 indicating they were cognitively intact.Resident #2's Advance Directive Acknowledgement was docusigned on 05/28/25, but the question as to whether they had or had not executed an advance directive was not marked. Resident #2 was admitted on [DATE] and the admission assessment, dated 05/20/25, showed a BIMS score of 15 indicating they were cognitively intact.Resident #42's Advance Directive Acknowledgement was docusigned on 05/28/25, but the question as to whether they had or had not executed an advance directive was not marked. Resident #42 was admitted [DATE] and the admission assessment, dated 05/20/25, showed a BIMS score of 14 indicating they were cognitively intact.On 09/30/25 at 12:15 p.m., the social services director stated, I assumed if nothing was marked it meant they did not have an advance directive.On 10/02/25 at 10:16 a.m., The ADON was asked if the signature on the advance directive with nothing marked regarding their choice, was a completed document. The ADON stated, Absolutely not, the advance directive acknowledgement is not completed.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility failed to store and maintain food and ice in a safe manner for one ice machine and 2 of 3 freezers maintained in the dining room. The administrator identified 51 residents resided in the facility. Findings:On 09/29/25 at 11:30 a.m., an observation of the kitchen and dining room was completed. In the corner of the dining area were three freezers and an ice machine. Two of the three freezers and the ice machine were not locked. Residents were walking around in the dining area waiting for the noon meal. There was no signage for staff use only. A facility policy titled Ice Machines and Ice Storge Chests read in part, To help prevent contamination of ice machines, ice storage chests/containers or ice, staff shall follow these precautions .Limit access to ice machines or ice storage chests/containers to employees only.A facility policy titled PURCHASING, RECEIVING AND STORAGE, read in part, Food will be properly stored to preserve flavor, nutritive value, appearance, and safety. Only authorized personnel will have access to food preparation and storage areas.ˆOn 09/29/25 at 11:32 a.m., the DM stated they did not know the facility policy regarding the freezers and the ice machine being locked. The DM stated it was sufficient to dummy lock the freezers. On 09/30/25 at 11:15 a.m., the corporate DM stated the ice machine and the freezers in the resident dining area should always be locked due to area accessible to residents and visitors. On 10/02/25 at 10:10 a.m., the administrator stated the ice machine and the freezers in the resident dining area should be locked and with staff access only.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on record review and interview, the facility failed to thoroughly investigate an allegation of abuse for 1 (#59) of 1 sampled resident reviewed for abuse.The administrator identified 10 allegations of abuse in the last six months.Findings: An undated electronic clinical record for Resident #59, under the tab medical diagnosis, showed diagnoses of hemiplegia and hemiparesis following cerebral infarction, aphasia, and diabetes.A facility policy titled Abuse Investigation and Reporting, revised July 2017, read in part, All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management.The individual conducting the investigation, as a minimum.interview the person(s) reporting the incident,.interview the resident (as medically appropriate),.interview staff members (on all shifts) who have had contact with the resident during the period of the alleged incident .Witness reports will be obtained in writing. Either the witness will write his/her statement and sign and date it, or the investigator may obtain a statement, read it back to the member and have him/her sign and date it. An admission assessment, dated 03/31/25, showed Resident #59 had a BIMS of 15 and was cognitively intact. The assessment showed Resident #59 required substantial assistance from staff with most ADLs. An OSDH incident report, dated 04/17/25, showed an allegation of abuse. The report showed Resident #59 reported to LPN #1 during care that CNA #1 hit them. The investigative documentation did not show a statement from Resident #59 about the incident. The investigative documentation did not show a statement by LPN #1 who reported the incident to the administrator, or a statement from CNA #1 who was identified as the perpetrator.A progress note, dated 04/25/25, showed Resident #59 discharged from the facility with family. On 10/01/25 at 5:05 p.m., the administrator reviewed the investigative documentation. They stated statements from the reporter of the incident, the victim, the perpetrator, or other staff working at the time of the incident had not been completed. On 10/02/25 at 8:59 a.m., LPN #1 stated they spoke with Resident #59 and the resident reported CNA #1 had hit their right arm during care. The LPN stated they reported the incident immediately to the administrator. The LPN stated a written statement regarding the incident was not completed. On 10/02/25 at 10:12 a.m., CNA #1 stated they reported the incident on 04/17/25 regarding Resident #59 to the nurse and the administrator. CNA #1 stated they were not asked to document a statement regarding the incident.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, record review, and interview, the facility failed to ensure two opened multidose vials of PPD solution were labeled with the date of the first usage for 1 of 1 refrigerators observed. Findings: A policy titled Dating and Discarding of Multidose Parenteral Vials, dated 06/21/17, read in part, If a multi-dose has been opened or accessed (e.g., needle-punctured) the vial should be dated and discarded within 28 days for the opened vial.On 09/30/25 at 9:53 a.m. an observation of the medication storage room was performed with LPN #3. Two multidose vials of Tuberculin PPD were opened and not dated. On 09/30/25 at 9:53 a.m., LPN #3 was asked what their policy on opened vials of medication was. LPN #3 stated the vials should have a date on them when they were opened.